



CITY OF SAN ANTONIO
ANIMAL CARE SERVICES
DEPARTMENT

CITY OF SAN ANTONIO
ANIMAL CARE SERVICES
4710 State Highway 151 San Antonio, Texas 78227
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Email: acsrescue-foster@sanantonio.gov

**PLEASE TYPE
OR PRINT**

Press "Tab" Button to
Move Between Fields

Rescue Group Application

GENERAL INFORMATION

Organization Name:		Other business names:	
Physical Street Address:		City/State:	Zip:
Business Mailing Address:		City/State:	Zip:
Tel: Phone 1	Phone 2	Phone 3	
Email:			
Website:			

ORGANIZATION INFORMATION

Registered 501 c(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN:	Year of IRS Incorporation:
If not a currently registered 501c3, what type of organization are you?		
Please list all board members and an email address:		
What species of animals do you specialize in?		
What breeds do you specialize in?		

PLEASE DESCRIBE SERVICES YOU PROVIDE?

<input type="checkbox"/> Placements in permanent homes
<input type="checkbox"/> Transfers (If Yes, See List of Attachments Section)
<input type="checkbox"/> Lifetime care/ Hospice care
<input type="checkbox"/> Other:

CAPACITY

How many pets are currently in your care?	
How many foster homes do you currently have?	
How many animals do you plan to transfer from ACS in the next year?*	
How many animals do you plan to maintain in your group's possession on average?	
How long (on average) does an animal stay in your group before permanent placement?	
*This is an estimate only. Actual number of animals transferred per year will allow for increases or decreases in the number of foster homes.	

BEHAVIOR PROGRAM

We recommend all animals having a behavior evaluation prior to departing from the shelter so you are aware of any concerns. Please indicate who will be completing the behavior exams for your organization?

- ☐ Representative from your group ☐ Hired Professional
☐ ACS Staff (Limited evaluations, based on observations in playgroup & kennel and can't be guaranteed)

Please describe the housing/kenneling that you typically use in your main facility or foster homes?

Is your organization capable of taking animals with serious behavior problems? ☐ Yes ☐ No

If Yes, what serious behavior issues is your organization prepared to handle? (Also, see List of Attachments section)

<input type="checkbox"/> Serious Housebreaking	<input type="checkbox"/> Serious Litter Box	<input type="checkbox"/> Serious Leash Walking	<input type="checkbox"/> Excessive Barking	<input type="checkbox"/> Fearful Behavior
<input type="checkbox"/> Early Socialization (Feral/Taming)	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Phobias	<input type="checkbox"/> Aggression	

MEDICAL PROGRAM

Please list all veterinarian(s) and specialist(s) you work with:

NAME	CONTACT INFORMATION

Please describe the routine veterinary care all animals will receive when transferred to your group and describe your wellness check protocol:

Please list the medical issues your organization is prepared to handle:

FOSTER PROGRAM

How many active foster homes do you currently have?*

What is the maximum number of animals that you will allow in a foster home or primary home (unless primary is a public shelter facility) (including resident and foster animals)?

Do you inspect your foster homes? ☐ Yes ☐ No

If yes, how frequently?

Do you train your fosters? ☐ Yes ☐ No

If yes, describe briefly:

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Please list any foster homes inside city limits that currently exceeds the Chapter 5 ordinance of 8 pets (no more than 5 of which are dog). This includes their personal pets.		
NAME	ADDRESS	CONTACT INFORMATION

DESIGNATED MEMBERS ALLOTTED TO PLACE HOLDS:

Please list all of the volunteers or staff members and their contact information that you have designated to place confirmed holds on animals for your organization. If names need to be added or deleted from this list, it is the responsibility of the rescue organization to update this list as necessary. Animals will not be released to individuals not on this list.

NAME	POSITION	EMAIL ADDRESS	PHONE NUMBER

DESIGNATED TRANSFER MEMBERS

Please list all of the volunteers or staff members and their contact information that you have designated to pick up and transfer animals for your organization. If names need to be added or deleted from this list, it is the responsibility of the rescue organization to update this list as necessary. Animals will not be released to individuals not on this list.

NAME	EMAIL ADDRESS	TELEPHONE NUMBER

This application will only be considered when complete and all materials, as detailed below, have been submitted. A home/facility inspection may be required.

RESCUE DIRECTOR/PRESIDENT: _____

DATE: _____

APPLICANT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY		
Status: <input type="checkbox"/> Approve <input type="checkbox"/> Reject	Reject Reason:	Person ID:
LIST OF REQUIRED ATTACHMENTS – Application will not be processed until all forms are received.		
ORGANIZATION INFORMATION MATERIALS - REQUIRED		
<input type="checkbox"/> Copy of 501c(3) Incorporation Letter		
<input type="checkbox"/> Two (2) Letters of Reference: 1 Veterinarian & 1 Local shelter or animal control representative Scanned, signed copy on letterhead are acceptable, Typed editable word documents are not considered valid letters of reference.		